



**INTEGRATED STATEWIDE INFORMATION SYSTEMS
TRAVEL MANAGEMENT SYSTEM (TMS)
TRAINING REQUEST FORM**

TRAINEE INFORMATION (please print)

All Trainee Information Fields Must be Completed With the Exception of Special Requirements

Name:	Agency #:
SSN or Personnel No.:	Agency Name:
E-mail Address:	Work City:
Phone:	Special Requirements:
FAX:	

*Travel Management System (TMS) software **MUST** be loaded on the student's PC before attending class. Please answer the following system use questions:*

Are you currently using TMS? (YES/NO) _____ If YES, for how long? _____

What tasks do you currently perform or will be performing in TMS? _____

Are you a Primary TMS user or a Backup? _____

Are you a TMS Supervisor or have "Master" permissions in TMS? _____

Click in the box to the right of each requested course number.

<i>Instructor Led Classes</i>		
TMS Basic (1 day)		TMS001 <input type="checkbox"/>
TMS Advanced (1 day)	<i>Prerequisite: TMS Basic</i>	TMS003 <input type="checkbox"/>
TMS Supervisor (1 day)	<i>Prerequisite: TMS Advanced</i>	TMS005 <input type="checkbox"/>

ISIS Liaison/Training Coordinator Approval	Date	Phone

For information concerning submission of completed forms: <http://www.la.gov/ois/service/forms/submission.htm>

For a complete description of each course: <http://www.la.gov/ois/service/training/courses/tmsdirectory.htm>